

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

UNITED STATES OF AMERICA)	
EX REL. DAWN BARRETT,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 03-12382-MLW
)	
CIGNA CORPORATION and)	
LIFE INSURANCE COMPANY OF)	
NORTH AMERICA,)	
)	
Defendants.)	
_____)	

DECLARATION OF DAWN BARRETT

I, Dawn Barrett, declare based on my personal knowledge as follows:

1. I am the named plaintiff in the above-captioned suit.
2. I am an employee of Life Insurance Company of North America (LINA). In this capacity I currently work as a Disability Claims Manager in Pittsburgh, Pennsylvania.
3. When I perform the duties of my job, I represent to insureds and others with whom I do business that I am a representative of CIGNA. My business card lists me as a CIGNA representative and training materials I have received have been titled CIGNA. When I answer the phone, I have been trained to say "Thank you for calling CIGNA."
4. All of the other LINA employees with whom I work similarly represent themselves to the public, and to insureds, as representatives of CIGNA.
5. I am personally aware that there are insureds in Massachusetts for whom I am currently managing their disability claim. For example, attached to this Declaration is a letter that I recently sent to an insured in North Andover, Massachusetts. The letter is on CIGNA

letterhead and uses CIGNA insignia.


6. Disability claimants who are insured through policies written by LINA and are living in Massachusetts are subject to CIGNA's uniform policy of causing all LTD claimants to submit claims for SSDI without regard to their eligibility for SSDI.

7. Based on my training and experience with CIGNA and LINA, it is my understanding that LINA employees are representing CIGNA in any state where an insurance policy is written from one of the CIGNA companies.

I hereby declare that the foregoing is true to the best of my knowledge and based on my reasonable investigation and belief.

Date:

July 13, 2006


Dawn Barrett

07/12/06 WED 11:43 FAX 412 402 3285

CIGNA GROUP INSURANCE

001

Dawn Barrett
CIGNA Group Insurance
P250
PO Box 22308
Pittsburgh, PA 15222-0308

Phone: 800-362-4462
Fax: 866-517-9874



CIGNA Group Insurance
Life - Accident - Disability

[REDACTED]
[REDACTED]
[REDACTED]

July 11, 2006

Name: [REDACTED]
Plan/Policy Number: [REDACTED]
Plan/Policy Holder: [REDACTED]
Administered By: Life Insurance Company of North America

DEAR [REDACTED]

We recently completed an updated review of your Short Term Disability (STD) claim and are writing to inform you that your benefits have been extended.

Based upon the current medical information on file, STD benefits have been approved through July 31, 2006. Benefits will continue through this date provided you remain disabled as defined in your contract.

If you are not able to return to work by August 1, 2006, please have the enclosed Medical Request Form completed, and return it to us prior to that date.

Along with completing and returning the Medical Request Form, please have your physician enclose the following:

- Office notes, including any test results, from June 2006 to present
- Current treatment plan, including surgery date and type
- Updated restrictions and limitations

Please contact our office at 800-362-4462 should you have any further questions.

Sincerely,

Dawn Barrett
Disability Claim Manager

Enclosure(s)

cc: [REDACTED], [REDACTED]